

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-049065

STATE FILE NUMBER

Registration District No. 292

Primary Registration District No. 4435

Registrar's No.

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED DEC 26 1963

VS 300 Rev. 4/59	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT
1 0870				
2 0870				
3 2				
4 1				
5 2				
6				
7 2				
8 2				
9 782.4				
10				
11				
12 90-3				
13 10				
BY AFFIDAVIT OF	ITEM NO.	SHOULD READ		

USE BLACK INK  
OR  
TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Ralls.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Ralls.</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Perry, Missouri.</u>		c. CITY OR TOWN <u>Perry, Missouri.</u>	
Length of stay in 1b <u>67 Yrs</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Perry, Missouri.</u>		d. STREET ADDRESS (If outside, give location) <u>Perry, Missouri.</u>	
3. NAME OF DECEASED (Type or print) First <u>Margaret</u> Middle <u>Waterston</u> Last <u>White</u>		4. DATE OF DEATH Month <u>Dec</u> Day <u>3</u> Year <u>1963.</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1-9-1896</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housework</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11a. BIRTHPLACE (City and state or country) <u>Perry, Missouri.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David E. Waterston</u>		13b. MOTHER'S MAIDEN NAME <u>Ivy Spratswell.</u>	
14. NAME OF HUSBAND OR WIFE <u>Dyas B. White.</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Jack B. White Perry, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac Congestion.</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)			
20c. TIME OF INJURY Hour <u>3:45</u> a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>No medical attention.</u> and last saw her alive on _____ Death occurred at <u>3:45</u> P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Clyde E. Lindsey Coroner</u>		22b. ADDRESS <u>Perry, Missouri, Mo.</u>	
22c. DATE SIGNED <u>12-4-1963</u>		23a. BURNING, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>12-5-1963</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lickcreek Cemetery.</u>	
23d. LOCATION (City, town, or county) (State) <u>Perry, Missouri.</u>		24. FUNERAL DIRECTOR ADDRESS <u>Perry, Mo.</u>	
25. DATE RECD. BY LOCAL REG. <u>12-4-1963</u>		26. REGISTRAR'S SIGNATURE <u>Clyde E. Lindsey</u>	

(Licensed Embalmer's Statement on Reverse Side)

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed *Clayton C. Murray*

Licensed Embalmer No. 3820.

P. O. Address Perry, Missouri.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.